

INDIVIDUAL SERVICE QUALITY FINDINGS WORKSHEET

Individual: _____

Team Member: _____

Provider: _____

Location: _____

Service: Home ☐ Work/Day ☐ Respite ☐

Date Completed: _____

Survey Activities:

Person(s) Interviewed

Date(s)

Individual Interview/Observation:

Staff Interview(s):

Guardian/Family Interview:

Service Coordinator Interview:

Environmental Review:

Documentation Review:

Permission for family interview

Yes ____

No ____

N/A ____

Permission to send report

Yes ____

No ____

Name: _____

Address: _____

Indicators Response Guide (after each outcome): Where a CHECK appears, the Indicator MUST have a response. Where an "X" appears, the Indicator must NOT be rated. Where nothing appears, the Surveyor may respond as needed. For respite, respond to Indicators that apply to the service or for which surveyor is able to obtain sufficient information.

PART I: QUALITY OF LIFE AREAS AND OUTCOMES



PART 1 A: LICENSING AREAS

QUALITY OF LIFE AREA: RIGHTS AND DIGNITY

Outcome: **People are valued**

Indicator	Home	Work	Community Day	Respite	Additional Comments
1.1A Interactions are respectful of people.	✓	✓	✓	✓	
1.1B People are supported to identify themselves as adults.	✓	✓	✓	✓	
1.1C People are supported to take pride in themselves and their surroundings.	✓	✓	✓	✓	
1.1D People live and work in settings that are typical of other members of the community.	✓	✓	✓	✓	

Findings: _____

Outcome: People’s rights are affirmed

Indicator	Home	Work	Community Day	Respite	Additional Comments
1.2A People and/or those supporting them understand individual rights.	✓	✓	✓	✓	
1.2B People’s rights are exercised in their everyday lives.	✓	✓	✓	✓	
1.2C People receive the same treatment as other employees.	X	✓		X	
1.2D People receive comparable wages and benefits as other employees.	X	✓		X	

Findings: _____

INTERVENTIONS OR RESTRICTIVE PRACTICES WORKSHEET

1.3A is answered for all individuals. Questions to assist in answering the indicator include:

- Is the individual supported only through positive means? ___ Yes ___ No
- Are all interventions based on the individual's unique needs? ___ Yes ___ No
- Are all interventions consistent with the individual's learning style? ___ Yes ___ No
- Have any restrictive interventions been faded over time? ___ Yes ___ No
- Are there any restrictive practices without needed safeguards, such as house rules, that restrict the individual's rights? ___ Yes ___ No

Is the individual subject to any interventions or restrictive practices? Yes [] No [] If no, **STOP HERE.**

<u>Supports and Health Related Protections</u> [115 CMR 5.12] <i>Please note: italicized items are specifically required for "supports."</i>				
	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
1. Are supports and/or health-related protection being implemented with the individual? If no, STOP HERE.	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is this support or health-related protection in response to an individual need?	<input type="checkbox"/>	<input type="checkbox"/>		
3. If yes, is the need documented with an order from a clinician?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has the supports or health-related practitioner been authorized through the ISP (including individual or guardian agreement)?	<input type="checkbox"/>	<input type="checkbox"/>		
5. <i>Are the interventions identified in the ISP as the least restrictive alternative?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <i>Does the individual's record contain the following information?</i> <ul style="list-style-type: none"> • <i>Indications for the use and discontinuance?</i> • <i>Alternatives considered?</i> • <i>Frequency/duration of use?</i> • <i>Frequency of safety checks?</i> • <i>The qualified practitioner supervising the use?</i> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7. <i>Have staff been trained in the proper use of the support?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. <i>Does the individual use the support in the manner and frequency as ordered by the practitioner?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Behavior Plans, Guidelines or other Interventions [115 CMR 5.14] Please note: *Italicized* items are specifically required for behavior plans containing any Level II or III interventions. If Level III interventions are being implemented, please refer to the DMR regulations for additional special requirements. (See also “A Guide for arriving at a rating for Outcome 1.3”.)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
1. Are any behavior plans, guidelines or interventions with negative components or restrictive elements being implemented with the individual? If no, STOP HERE.	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is the intervention based on an identified, individual need?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is the intervention part of a written plan?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is there a plan for the periodic review of the plan? Is this being done?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Is the plan incorporated into the ISP?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Have staff been trained to implement the interventions?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Are the interventions being implemented as written?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Has the plan been revised when it reached its intended effect or when it is not effective?	<input type="checkbox"/>	<input type="checkbox"/>		
9. <i>Does the plan identify:</i> <ul style="list-style-type: none"> <i>The target behavior(s) to decrease</i> <i>The desired positive replacement behavior(s)?</i> <i>The Level(s) of the intervention(s)?</i> <i>A rationale based on a functional analysis of the target behavior(s) and antecedents?</i> <i>Less restrictive alternatives/measures tried and that this is the least intrusive intervention possible?</i> <i>Who will provide clinical oversight?</i> <i>Outline procedures for monitoring, documenting and clinical oversight of the plan?</i> <i>Criteria for eliminating or revising the plan?</i> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10. <i>Was the intervention reviewed and approved by:</i> <ul style="list-style-type: none"> <i>Individual and/or guardian?</i> <i>Human rights committee?</i> <i>Peer review committee?</i> <i>Physician or qualified health care professional working under a physician's supervision?</i> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Physical or Mechanical Restraint [115 CMR 5.11] Please note: A plan is required when restraint recurs within 24 hours, more than once in a week, or more than twice in a month. If mechanical restraints are being used, please refer to the DMR regulations for additional special requirements.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
1. Is restraint used for the individual? If no, STOP HERE.	<input type="checkbox"/>	<input type="checkbox"/>		
2. If yes, is there a plan to address the behavior necessitating restraint?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is the restraint authorized by the head of the provider, authorized physician, or authorized staff (who has specific training)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has all staff implementing the restraint received training?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are incidents of restraint documented?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is the following documentation in place; <ul style="list-style-type: none"> • A process for the individual to comment? • A review by DMR? • A review by Human Rights Committee? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7. Do incidents of restraint exceed maximum time? (One-hour intervals for authorized staff. Two hours for head of program, designee, or authorized physician.)	<input type="checkbox"/>	<input type="checkbox"/>		

<u>Behavior Modifying Medications:</u> [115 CMR 5.15(4)]				
	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
1. Is the individual prescribed any medications to modify behavior? IF NO, DO NOT ANSWER 2 – 4 AND PROCEED TO #5 BELOW.	<input type="checkbox"/>	<input type="checkbox"/>		
2. If yes, does the ISP contain the following? <ul style="list-style-type: none"> • A description of the behavior to be controlled/modified? • Data on the behavior prior to the medication forming a basis from which the clinical course is evaluated? • Information about side effects, procedures to minimize risks and clinical indications for terminating the drug? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3. Is there informed consent for this medication?	<input type="checkbox"/>	<input type="checkbox"/>		
4. If the drug is an anti-psychotic medication: <ul style="list-style-type: none"> • Is the individual capable in fact of consenting? • If not, is there court approved treatment plan and Rogers Monitor? 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
5. Does the individual have a prescribed medication to calm or relax him or her during medical treatment? If yes: <ul style="list-style-type: none"> • Has the individual or guardian consented? • Is there a plan for reduction or elimination of the medication? 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

Outcome: People's rights are protected

Indicator	Home	Work	Community Day	Respite	Additional Comments
1.3A All interventions are the least intrusive and are based upon people's unique needs.	✓	✓	✓	✓	See also "A Guide for arriving at a rating for Outcome 1.3".
1.3B All interventions are included in a written plan.					
1.3C People or their guardians knowingly and voluntarily give consent and have the opportunity to refuse or withdraw approval.					
1.3D Safeguards ensure a thorough review and approval process when needed.					
1.3E All interventions are safely, accurately, and consistently implemented.					

Findings: _____

HOME AND WORK SAFETY WORKSHEET

Purpose: The following is used to determine whether there are strategies in place to support the individual to be safe and secure at home or work. Unless specifically indicated, the worksheet applies to provider leased or owned staffed living situations where there are 24 hour supports (Category A & B), less than 24 hour supports (Category C & D), placement services (Category E), and site-based respite (Category F), and Work/Community Supports (Category G).

PART A

Requirement	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
1. Have the individual's safety needs been considered and addressed at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have the individual's safety needs been considered and addressed at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the individual been supported to safely carry out his or her job responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there a location-specific safety plan? Has the Provider Assurance Form been signed by the provider and DMR Area Office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are all individuals able to evacuate the home in 2 1/2 minutes with or without assistance from staff? (Does not apply to Category G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are individuals able to evacuate the work/community support in a safe, orderly and timely manner? (Applies only to Category G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has staff been trained in the safety plan, including strategies for the individual if he or she requires assistance to evacuate?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Has at least one staff in the home or work place been trained in fire safety by DMR, an approved fire safety-training agency or local fire department? (Does not apply to Category E-Placement Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Has other staff been trained in fire safety techniques?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Does staff have current certificates in first aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Requirement	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
11. Is there at least one person present at the home or work place who has been trained in Cardiopulmonary Resuscitation (CPR)? (Does not apply to Category C & D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are first aid supplies maintained at home and work?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Is there an Emergency Fact Sheet, and is it completed accurately?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Is the individual receiving home (Categories A & C or E) or site-based respite supports (Category F) ? IF YES, GO TO <u>PART B</u>.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is Individual receiving Day Supports in an agency facility? If yes, member of team must complete separate work facility review worksheet.	<input type="checkbox"/>	<input type="checkbox"/>		

PART B

Requirement	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
<u>General Appearance Inside the Home</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The interior of the home appears to be weather tight and in good repair (e.g., walls, floor, ceiling, and stairways).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The furniture is in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The home is clean (e.g., free of accumulated dust, rubbish and cobwebs) and free from rodent, cockroach, and insect infestation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is no rubbish or other combustible products accumulated near heating equipment and exits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any area used by pets is maintained under sanitary conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows and doors including locking devices, screens and storms are weather tight, in good working order and are operable by and accessible to the individual. Curtains and/or shades allow for privacy and are operable by and accessible to individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All handrails and balusters on stairways are in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All stairs not enclosed by a wall on both sides have a protective rail on the open side in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency ensures there are no overloaded wall receptacles. All visible cords are free from cracks or wear. Extension cords or multiple plug adapters are not used on any appliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency ensures there is no electrical wiring passing across frequently traveled floor areas, under floor coverings such as rugs, or extending through doorways or other openings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air conditioners, humidifiers and dehumidifiers are properly maintained and in good repair (e.g., filters). There are no extension cords, other than heavy-duty cords, used on any air conditioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency ensures there are no portable freestanding heaters in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is sufficient water pressure to both hot and cold water fixtures (e.g., kitchen, bathroom, laundry room). Hot water temperature tests between 110° and 130°.				

Requirement	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
<u>Additional Features For Bedrooms</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The agency ensures there are no locks on bedroom doors that provide access to an egress. (Applies only to Categories A & F)				
Locks on bedroom doors which do not provide access to an egress are permitted only if the provider has documented that the lock may be easily opened from the inside without a key and that the individual(s) is able to unlock the door from the inside and at all times staff carry a key to open the door in the event of an emergency. (Applies only to Categories A & F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is natural light and either mechanical or natural ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedrooms of individuals requiring hands-on physical assistance to evacuate or who have mobility impairment, including individuals who use a wheelchair, are on a floor at grade or on a floor with a "horizontal exit," as set forth in current Massachusetts State Building Code. (Applies only to Categories A & F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff does not smoke in the home and there is no evidence of smoking in bedrooms. (Applies only to Categories A & F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Additional Features for Bathrooms</u>				
The bathroom, including all fixtures, is in good repair and is easily cleanable (e.g., no evidence of mold or mildew).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom fixtures are operable by and accessible to the person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is natural and/or mechanical light and ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Additional Features for the Kitchen and Pantry</u>				
The kitchen contains at least one sink suitable for washing dishes and utensils, and an operable stove, oven, and refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen appliances are operable by and accessible to the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The kitchen, including fixtures and food cabinets, is in good repair and easily cleanable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potentially dangerous substances are stored separately from food and are in containers that are accurately labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Requirement	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
<p><u>Additional Features in the Basement, Attic, Laundry Area, Electrical and Heating Equipment</u></p> <p>The washer and/or dryer are free of visible leaks. Dryer vent and filter are properly maintained. The dryer is lint-free.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses and circuit breakers are labeled. No shunts such as pennies or copper pipe are substituted for fuses and a supply of fuses is kept next to the fuse box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There has been an inspection of the furnace/boiler and water heater (other than electric) within the past year, which indicates that this equipment is safe and free from leaks, cracks, worn or broken wiring and loose connections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The temperature in the home is comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local official's inspection and approval has been obtained for installation of a solid fuel-burning equipment (e.g., wood stove).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><u>Fire Safety Features</u></p> <p>There is at least one approved smoke detector on each level of the home, including basements. (Must meet applicable Massachusetts State Building Code requirements.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
On any floor, level or story exceeding 1200 square feet in area, 1 approved smoke detector is provided for each twelve hundred 1200 square feet or part thereof. (Must meet applicable Massachusetts State Building Code requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detectors are located outside sleeping areas on every floor of the home. (or inside bedrooms if fire protection system upgraded after 8/27/97).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If more than one smoke detector is required in the home, each detector must be interconnected so that when one activates, all will sound. (Applies only to Categories A & F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Where there is a sprinkler system, there is a yearly inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Requirement	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
<p><u>Fire Safety Features</u>, cont.</p> <p>The fire alarm system, any adaptive devices (e.g., bed-shaker, horn, flashing/strobe light) and automatic emergency lighting are operational.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>There is a fire extinguisher (A-B-C Type) which has been mounted in an easily seen and accessible area in the kitchen and which has been inspected within the past year. (Applies only to Categories A & F)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Hazardous vertical openings such as laundry chutes, dumb waiters, or non-functional heating ducts are sealed with gypsum board or some other fire retardant material. (Applies only to Categories A & F)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>There is an operational flashlight (including batteries) in the home.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>The agency ensures there are no flammable materials either liquid (e.g., kerosene or gasoline) or solid, stored in the house.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For designated smoking areas, ashtrays or non-combustible material and safe design are provided in all areas where smoking is permitted. There are metal-only wastebaskets (no plastic liners) in designated smoking areas. (Applies only to Categories A & F)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>The outdoor grille is located in a safe place and is properly maintained.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><u>Egresses and Ramps</u></p>				
<p>Exit doors are easily operable by hand from inside without the use of keys.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Double cylinder dead bolt locks that require a key operation on the side from which the egress is made are prohibited on egress doors. (Applies only to Categories A & F)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>The home has two means of egress from floors at grade level; all other floors above grade level have one means of egress and one escape route on each floor and leading to grade. Any proven usable path to the open air outside at grade is acceptable as an escape route, including but not limited to connecting doors, porches, windows within six feet of grade, ramps, fire escapes, balcony evacuation systems, etc. (Applies only to Categories A & F)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Requirement	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
<p><u>Egresses and Ramps</u>, cont.</p> <p>Walkways, driveways, and ramps are in good repair, have outdoor lighting for safe use, and are cleared of snow and ice in winter.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><u>General Outside Appearance</u></p> <p>The exterior of the home including porches, garages, is in good condition including paint and/or siding trim and shutters, fences, garages and sheds on the property, porch, deck or patio, and roof (free from peeling paint, rotted wood and holes, dents/rusted parts).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage and rubbish are stored in rodent-proof, watertight receptacles with tight-fitting covers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is no rubbish such as newspapers, wood, or furniture or other combustible products accumulated against or near the outside of the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If applicable, swimming pools are safe and secure. (Refer to the DMR Pool Policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If there are gutters, they are secured properly and have no visible evidence of obstruction or missing segments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is no evidence of structural damage to chimney (e.g., loose bricks or mortar).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing that is in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is an operable locking device on every entry door of the home. The doorbell(s) is operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part C: Environmental Worksheet for congregate Work/Community Supports

Requirement	Yes	No	N/A	Comments
<u>Work Area/Overall Building</u>				
There is current Certificate of Inspection or Certificate of Occupancy for the location.				
There is artificial and/or natural lighting for individuals to complete work assignments.				
Corridors, hallways, and offices have artificial and/or lighting. Where there are no windows, there are emergency lights.				
Where windows are being used for ventilation, they can be easily opened to enable fresh air to come into the building.				
Where there are no openable windows, there is a mechanical ventilation and air conditioning system.				
There are no overloaded wall receptacles. All visible electrical cords free from cracks and wear. Wall receptacles, conduit boxes and/or other sources of electricity are kept covered.				
There are no electrical or telephone wires passing across frequently traveled areas.				
Electrical service (amperage) is sufficient for the workplace. (Team Member may request documentation from a licensed electrician.)				
Doors and windows are weather tight and in good repair (e.g., free of cracked or broken glass, weather-stripping to prevent cold air from leaking in). Doors and windows needed for ventilation have screens during the warm weather months.				
Windows and doors can be opened easily (e.g., no broken sash cords).				

Requirement	Yes	No	N/A	Comments
<u>Work Area/Overall Building</u> , cont.				
Exit doors are easily openable by hand from the inside without the use of keys (e.g., no draw bolts, chain latches).				
Ceiling panels are not missing or cracked or stained.				
Floors appear to be structurally sound, (e.g., are free of holes, worn floor boards, cracked, loose or broken tiles or linoleum).				
Potentially dangerous equipment or machinery is located in areas not frequently traveled.				
Safety features on machinery and equipment are operable and being utilized.				
When not being used, flammable and combustible materials are properly stored.				
Tables, chairs and other furnishings and equipment are in good condition.				
The location is free from rodents, cockroaches and insect infestation.				
There is a current DOL certificate for this location.				
<u>Bathroom</u>				
Floors and walls are made of easily cleanable material (e.g., washable paint or tile on walls, linoleum or tile floors, wood floors finished with a non-absorbent coating).				
Wall and floors are in good repair (e.g., no holes or cracks).				
There is adequate lighting in the entire bathroom, including toilet stalls.				
If there are no openable windows, then operable mechanical ventilation is provided.				
Toilets and washbasins are easily cleanable (e.g., not worn, cracked or pitted areas).				

Requirement	Yes	No	N/A	Comments
<u>Bathroom</u> , cont.				
There is sufficient water pressure in both hot and cold water fixtures. (Team Member may require documentation of a plumbing inspection).				
If the bathroom contains more than one toilet, each toilet has walls or partitions which afford privacy. Walls or partitions must include a door for privacy.				
Fixtures for lighting, water and windows are operable by and accessible to workers.				
Bathrooms are properly equipped (e.g., toilet paper, soap, paper towels, trash receptacle).				
<u>Kitchen/Lunchroom/Cafeteria</u>				
If the location has a retail food establishment or food is being prepared for retail sale it has a current certificate of inspection from the Board of Health.				
There is adequate lighting and wall outlets for intended use.				
Kitchen equipment is in good repair and sanitary condition (e.g., stove, refrigerator, microwave). Foods are stored in the refrigerator, freezer and cupboards under sanitary conditions.				
The sink(s) is easily cleanable (e.g., no cracked, worn or pitted areas).				
There is sufficient water pressure to hot and cold water fixtures.				
Tables, chairs or stools are in good condition.				
The dining area is clean.				

Requirement	Yes	No	N/A	Comments
<u>Interior Stairways and Hallways</u>				
Stairways and hallways are unobstructed.				
All stairways are in good repair (e.g., railings secure, balusters not missing, floor boards not broken or rotting).				
There is adequate lighting in hallways and stairways for safe use.				
Stairways have secure handrails on at least one side or both sides (if needed by individuals).				
<u>Entrances, Exits/Exterior Stairways and Ramps</u>				
Each floor has at least two usable exits to grade or refuge for safety.				
Each exit has a secure handrail on one side that is in good repair.				
Exit stairways and ramps are in good repair and are free of obstructions.				
<u>Heating Equipment</u>				
Heating equipment is adequate and operational. (Team member may request documentation from an authorized service representative.)				
<u>Fire Safety Features</u>				
If present, sprinkler system has been inspected within the last year.				
If present, the fire alarm system is connected and operational.				
<u>Asbestos</u>				
Asbestos is not exposed, especially around pipes and the heating system.				

Requirement	Yes	No	N/A	Comments
<p><u>Exterior of the Building (free-standing building only)</u></p> <p>There is no evidence of leaks in the roof, foundation or exterior walls.</p>				
<p>Exterior of the building appears to be in safe condition. (Team Member may require documentation from the Local Building Inspector.)</p>				
<p><u>Smoking Areas</u></p> <p>Smoking area is remote from other commonly used area of the building and metal ashtrays are used. Flammable or combustible materials are not located in or near the smoking area.</p>				

Comments: _____

QUALITY OF LIFE AREA: PERSONAL WELL-BEING (HEALTH, SAFETY, AND SECURITY)

Outcome: 5.1 People are safe at home and work

Indicator	Home	Work	Community Day	Respite	Additional Comments
5.1A People's home and workplace are safe, secure, and in good repair.				✓	See Resource Directory for guidance on rating 5.1A.
5.1B People and their supporters know what to do in an emergency.	✓	✓	✓	✓	
5.1C People can safely evacuate from their home and workplace in an emergency.	✓	✓	✓	✓	
5.1D There are adequate supports for people to be safe in their home and work.	✓	✓	✓	✓	
5.1E People use materials and equipment safely.	X	✓		X	5.1.E only applies to work/community support.

Findings: _____

Outcome: People are free from harm

Indicator	Home	Work	Community Day	Respite	Additional Comments
5.2A Supports are in place if people make decisions that put them at risk.					If rate 5.2A, must rate 5.2B. If rate 5.2C, must rate 5.2D.
5.2B Immediate actions are taken to ensure people's safety.					
5.2C Actions are taken to correct the situation when people have been mistreated.					
5.2D Steps are taken to prevent the situation from occurring again.					
5.2E People know how or have support to report a situation where they feel they are being mistreated or have been mistreated or harmed.	✓	✓	✓	✓	

Findings: _____

HEALTH AND MEDICATION WORKSHEET

	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
1. Does the individual have at least an annual physical examination (required for homes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the individual have at least an annual dental examination (required for homes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are there routine screenings for early detection or prevention (e.g., Pap smear, mammography, prostate screening)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the individual have any health concerns? If yes, what are they? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the individual supported to be knowledgeable and involved in making decisions about his or her health, medical care and medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the individual see a specialist for his/her health concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there coordination among the individual's health practitioners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the person's work or community support aware of any medical problems the person has or medications the person is taking? Are these considered in the work or the activities the person does?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the individual follow (with or without assistance) the practitioner's orders to address any health concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are staff knowledgeable about and responsive to the individual's health concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have staff been trained to carry out a practitioner's orders (e.g., range of motion)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is the person supported to exercise regularly and eat the right foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is the individual taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
14. Is the individual self-medicating? IF YES, GO TO <u>PART B</u> SECTIONS IN BOLD ONLY.	<input type="checkbox"/>	<input type="checkbox"/>		
15. If no, is there a process for training the individual to take his/her own medication where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is the individual non-self-medicating? IF YES, GO TO <u>PART B</u>.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____

PART B - Medication Guide

Purpose: The purpose of Part B is to determine if the individual is receiving his or her medication properly; that is if the individual is receiving the right medication, the right dosage, at the right time and by staff who are trained to give medications. (Does not apply to Placement Services)

Optional Survey Worksheet

MEDICATION	PRACTITIONER'S ORDERS	CONTAINER LABEL	EXPIRATION DATE	MEDICATION AND TREATMENT CHART	EMERGENCY FACT SHEET	SIDE EFFECTS

DMR REG. #	Requirement	Guideline	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
5.15(5)	<u>Department of Public Health (DPH) Registration (105 CMR 700.003)</u> Medications are only given by licensed professional staff or by staff who have completed the Medication Administration Training Program and are certified by DMR to administer medications.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15(6)	The location where the medication is being administered by certified staff is registered by DPH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (7)(a)	<u>Storage</u> Medications are stored in a locked container or area in which nothing except such medications are stored.	<ul style="list-style-type: none"> Controlled Substances (Schedule II - V) are double locked. Example: Locked box within a locked cabinet. Only authorized staff have access to the key to the locked container or area (MAP Policy, 10-2). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (7)(d)	Medications or ointments used externally are stored separately from medications taken internally.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (7)(a)	Medications requiring refrigeration are stored in a locked container in the refrigerator.	<ul style="list-style-type: none"> Controlled substances are double locked in the refrigerator. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DMR REG. #	Requirement	Guideline	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
5.15 (9)(g)	<p><u>Over-The-Counter-Medications</u></p> <p>Written approval for over-the-counter (OTC) medications are obtained from the practitioner.</p>	<ul style="list-style-type: none"> • See MAP Policy Manual, 06-9. • A practitioner's order is required for OTC medications. • OTC medications are administered according to the same procedures used to administer prescription medications. • The only stock of OTC medications permitted to be maintained at the location are: Acetaminophen, Milk of Magnesia, Guaifenesin Cough Syrup, and Kaepectate. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15 (10)(a)	<p><u>Medication Occurrences</u></p> <p>A Medication Occurrence (MOR) form is completed for the following: wrong individual, medications, time, dose, route (e.g., mouth, skin).</p>	See MAP Policy Manual, 9-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Outcome: People maintain good health

Indicator	Home	Work	Community Day	Respite	Additional Comments
5.3A People are supported to have a healthy lifestyle.	✓	✓	✓	✓	
5.3B People are supported to be active participants in their health care.	✓				
5.3C People have needed routine and specialized health care services.	✓			✓	
5.3D Supporters are knowledgeable about people's health care needs.	✓	✓	✓	✓	
5.3E People's medications are given properly and as prescribed by the practitioner.				✓	

Findings: _____

FUNDS WORKSHEET

PART I: Individual's Funds

	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
1. Does the agency have shared or delegated management responsibilities for the individual's funds. IF NO, PROCEED TO QUESTION 3 BELOW. If yes, is there: <ul style="list-style-type: none"> • A written plan of the shared or delegated management responsibilities? • Agreement of the individual, guardian or conservator to the plan? • A training plan to eliminate or reduce the need for assistance (unless there is a clinical evaluation that the individual cannot learn how to manage or spend his or her funds)? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 		
2. If there is shared or delegated management responsibilities does the provider assist the individual to manage his or her funds including: <ul style="list-style-type: none"> • Having an interest bearing account in the individual's own name? • Having bank statements or passbooks for the account? • Having a record of each transaction (including date, amount received or spent, on what the funds were spent, who was involved, and receipts for expenditures over \$25)? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 		
3. Where the individual has responsibility for managing his or her own money, when needed, does the provider assist the individual in budgeting so that the all needed expenses (e.g., rent) are covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are expenditures only made for purposes that directly benefit the individual (including expenditures for things such as cable that are shared among housemates)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does there appear <u>not</u> to be borrowing or lending of the person's funds by provider?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is the individual <u>not</u> paying for goods or services that should be covered by the provider (e.g., staff expenses, gas)?	<input type="checkbox"/>	<input type="checkbox"/>		

PART II: Charges for Care

	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
1. Does the person pay the agency Charges for Care? IF NO, STOP HERE. If yes: <ul style="list-style-type: none">• Is the amount of the charge equal to 75% of the individual's entitlements <u>or</u> wages? OR• Is the amount of the charge equal to 75% of the individual's entitlements <u>and</u> (after deducting the first \$65.00), equal to 50% of the individual's remaining earnings? OR• Where the individual receives no entitlements or earnings, but has liquid assets (e.g., stocks, royalties), is the amount of the charge 75% of the "shared living expense" as determined by the SSA (currently about \$576.00)?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is there notification to the individual or guardian of the charge, how it was calculated, and the individual's right to dispute the charge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Outcome: People have economic security.

Indicator	Home	Work	Community Day	Respite	Additional Comments
5.4A People receive the support and/or education they need in managing their financial resources.	✓				Only rate 5.4 for work when funds are held.
5.4B People’s funds are managed properly and with their consent.					

Findings: _____

PART I: QUALITY OF LIFE AREAS AND OUTCOMES



PART 1 B – CERTIFICATION AREAS

QUALITY OF LIFE AREA: INDIVIDUAL CONTROL

Outcome: 2.1 People are understood

Indicator	Home	Work	Community Day	Respite	Additional Comments
2.1A Supporters understand what people are expressing.	✓	✓	✓	✓	
2.1B Supporters use people's primary means of communication.	✓	✓	✓	✓	
2.1C Supporters assist people to communicate with and be understood by others.	✓	✓	✓	✓	

Findings: _____

Outcome: 2.2 People make choices in their everyday lives

Indicator	Home	Work	Community Day	Respite	Additional Comments
2.2A People make choices about their routines and schedules.	✓	✓	✓	✓	2.2C <u>never</u> rated for work/ community support.
2.2B People make choices about the work and household tasks for which they are responsible.	✓	✓	✓	X	
2.2C People spend their leisure times in personally satisfying ways.	✓	X	X	✓	

Findings: _____

Outcome: 2.3 People are the primary decision-makers in their lives

Indicator	Home	Work	Community Day	Respite	Additional Comments
2.3A People develop their personal goals.	✓	✓	✓	X	
2.3B People influence that provides their support.	✓	✓	✓	X	
2.3C People control important decisions about their home and home life.	✓	X	X	X	
2.3D People choose where they work or, if they choose not to work, people have other options that are meaningful to them.	X	✓	✓	X	

Findings: _____

QUALITY OF LIFE AREA: COMMUNITY AND SOCIAL CONNECTIONS

Outcome: 3.1 People are integrated into their community

Indicator	Home	Work	Community Day	Respite	Additional Comments
3.1A People live and work in communities with the resources they want and need.	✓	✓	✓	✓	
3.1B People use the same community resources as others on a frequent and ongoing basis.	✓	✓	✓	✓	

Findings: _____

Outcome: 3.2 People are connected with their community

Indicator	Home	Work	Community Day	Respite	Additional Comments
3.2A People are supported to explore their personal interests and options for community involvement.	✓	X	✓	X	All of 3.2 <u>never</u> rated for Work.
3.2B People are involved in activities that connect them to other people in the community.	✓	X	✓	X	

Findings: _____

Outcome: 3.3 People have relationships

Indicator	Home	Work	Community Day	Respite	Additional Comments
3.3A People are supported to maintain and enhance relationships with family, friends, and co-workers.	✓	✓	✓	✓	3.3C <u>never</u> rated for work/community support.
3.3B People are supported to develop new friendships.	✓	X		✓	
3.3C People are supported to explore, define, and express their need for intimacy.	✓	X	X	✓	

Findings: _____

QUALITY OF LIFE AREA: PERSONAL GROWTH AND ACCOMPLISHMENT

Outcome: 4.1 People accomplish their goals

Indicator	Home	Work	Community Day	Respite	Additional Comments
4.1A People's goals are the basis for actions and supports.	✓	✓	✓	✓	
4.1B There is a match between what people are doing now and what they want to do in the future.	✓	✓	✓	X	
4.1C People have access to needed resources in order to accomplish their goals.	✓	✓	✓	✓	
4.1D There are supports to get a job that people like.	X	✓		X	
4.1E There are supports to succeed at the job.	X	✓		X	
4.1F People are supported to advance in their job.	X	✓		X	

Findings: _____

Outcome: 4.2 People have autonomy

Indicator	Home	Work	Community Day	Respite	Additional Comments
4.2A People complete day to day activities, tasks, and chores as independently as possible.	✓	✓	✓	✓	
4.2B People have access within their home and workplace.	✓	✓	✓	✓	

Findings: _____

Outcome: 4.3 People grow through their life experiences.

Indicator	Home	Work	Community Day	Respite	Additional Comments
4.3A Supporters are sensitive and attuned to both small and large events in people's lives.	✓	✓	✓	✓	Rate now, will need to evaluate for <u>work</u> .
4.3B People are encouraged to understand experiences in their lives.	✓	✓	✓	✓	
4.3C People are supported to grow from events in their lives that affect them.	✓	✓	✓	✓	

Findings: _____
